SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

04037624

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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OMB APPROVAL
OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response... 1

| \ \ \ JUL 1 3 2004

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

FORM D

SEC USE ONLY
Prefix Serial

DATE RECEIVED

CENTER FIELD	J. JEFFERIES PROSPE	ECT, A KENTUCKY	LIMITED PAR	RTNERSHIP	***************************************
Name of Offering ([] check if this is	s an amendment and na	me has changed, a	ind indicate ch	ange.)	professioners
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] <u>Rule 5</u> (06 [] Section 4(6)	[]ULOE
Type of Filing: [X] New Filing	[] Amendment			PROCES:	
	A. BASIC IDEN	ITIFICATION DAT	A	JUL 14 20	= P
1. Enter the information requested	about the issuer	r de la descripció de la constanta de la consta	and the state of t	FINANCIA	
Name of Issuer ([] check if this is CENTER FIELD J. JEFFERIES P	an amendment and nar ROSPECT	ne has changed, a	nd indiciate ch	pange.)	passing arrive
Address of Executive Offices (Number and Street, City, State, Zip Code) Area Code) 137 PARK AVENUE, POBOX 1980 GLASGOW, KENTUCKY 42142-1980 Telephone Number (Including 270-651-4940)					
Address of Principal Business Ope Area Code) (if different from Executive Offices		street, City, State, 2	Zip Code) Te	elephone Number (Includir	19
Brief Description of Business DRILLING OF THREE (3) WELLS IN KENT	FUCKY	AA-gaara (146 (1470 T) Aa gaara (146 Aa gaara (147 Aa	TO BERTON TO THE STATE OF THE S	econolistico (construire)
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[] corporation	[] limited partne	ership, already forn	ned	[] other (please sp	ecify):
[] business trust	[X] limited part	nership, to be form	ed		
Actual or Estimated Date of Incorp Jurisdiction of Incorporation or Org	ganization: (Enter two-let	[6]	vice abbreviat		Estimated



٨	BASIC	IDEN	ITICIO	MOLTA	DATA
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- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X]	General and/or Managing Partne
Full Name (Last name first, PETROTECT RESOURCES		N	The state of the s		**************************************	ampendatan garaga karan da ta sa
Business or Residence Add 137 PARK AVENUE, GLAS			Code)		***************************************	
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Full Name (Last name first, JOHN BURNESS Business or Residence Add 137 PARK AVENUE, GLAS	ress (Number an		Code)			entreprint application of Adupt
Check Box(es) that Apply:	[X] Promoter	[X] Beneficial Owner	[X] Executive Officer	[X] Directo	r [X] General and/or Managing Partne
Full Name (Last name first,	if individual)	nerskaalde van kerke gewynners van erwant de tremen gewaarde van de verke verke verke verke verke verke verke	kuududu ja muusen kalken oo oo oo dad akkii dooda ka kiin ka ka dada ka			ANTONIO PARAMETER CONTRACTOR ANTONIO A
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Check Box(es) that Apply:	**		[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first,	if individual)	What are the second to the second		· · · · · · · · · · · · · · · · · · ·		*
Business or Residence Add	lress (Number an	d Street, City, State, Zip	Code)			evel***
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I. Has t	he issuer	sold, or d	oes the iss	suer intend	i to seli, to	non-accre	dited inves	stors in this	offering?		
				Answer a	also in App	endix, Col	umn 2, if fi	ling under	ULOE.		
2. What	is the mir	nimum inv	estment th	nat will be	accepted f	rom any in	dividual? 1	4 UNIT			
3. Does	the offeri	ng permit	joint owne	ership of a	single unit	?					
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for

exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt Equity [] Common [] Preferred Convertible Securities (including warrants) Partnership Interests \$285,000 \$ 71,250 Other (Specify_____). Total \$285,000 \$71,250 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors \$ 71,250 Non-accredited Investors \$ \$ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Amount Type of Security Type of offering Sold Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs [X1\$1.000 Legal Fees 1 X 1 \$5.000 Accounting Fees [X]\$1,000 Engineering Fees []\$ Sales Commissions (specify finders' fees separately) [] \$_ Other Expenses (identify) MISCELLANEOUS..... [X]\$3,000 Total [X]\$10,000

\$275,000

Payments to

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		[] \$	[] \$
Purchase of real estate		[] \$	[] \$
Purchase, rental or leasing and installation of machinery and equipment		[]	[]
Construction or leasing of plant buildings and facilities		[] \$	[] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		[]	[]
Repayment of indebtedness		[] \$	[] \$
Working capital		[]	[]
Other (specify):DRILLING COSTS_AND COMPLETION COSTS		[X] \$275,000	[]
		[]	[]
Column Totals		[]	[]
Total Payments Listed (column totals added)		[X] 275,00	0
D. FEDERAL SIGNATU	JRE		
The issuer has duly caused this notice to be signed by the undersigned Rule 505, the following signature constitutes an undertaking by the issu Commission, upon written request of its staff, the information furnished oursuant to paragraph (b)(2) of Rule 502.	er to furnish to the U.S. Securities a	and Exchange	r
ssuer (Print or Type)	Signature	Dat	е
CENTER FIELD D. JOHNSON PROSPECT	1,1000		وسيادها والمراجعة والمراجع والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
OHN BURNESS	PRESIDENT		المنافقة الم
ATTENTION	i ja jääkkiin j _a , a lävää hidiktä ilmik iljakkikiin on ja ja jääkin ni ja <u>taan ja ja ja ja ja jä</u> äkin järja jä		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Ε.	ST	ATE	SIGNA	ATURE
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1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

CENTER FIELD D. JOHNSON PROSPECT

Name of Signer (Print or Type)

JOHN BURNESS

Signature

Date

PRESIDENT

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to non-ac investors (Part B-	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	а	4 Type of invemount purcha (Part C-I	sed in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	LIMITED PARTNERSHIP \$285,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
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